PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

7508.0008-15

CLAIMS AS FILED - PART I (Column 1)					(Column 2)		_	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			25				Γ	RATE	FEE		RATE	FEE
FOR NUMB				FILED	NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS				us 20=	* \$			X\$ 9=	45	OR	X\$18=	
INDEPENDENT CLAIMS minus 3				nus 3 =	: *			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=			+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL	410	OR OR	TOTAL	
CLAIMS AS AMENDED -					PART II			101/12			OTHER	THAN
		(Column 1)		(Colu	mn 2)	(Column 3)		SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	· 	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		1	+140=		OR	+280=	
							L	TOTAL			TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE		On	ADDIT. FEE	
		CLAIMS		HIGH	IEST	T	1 г		ADDI-	I 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT			IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE_		RATE	TIONAL
	Total	*	Minus	**		= .] [X\$ 9=		, OR	X\$18=	
	Independent	*	Minus	***		=	┧╏	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM		┚╏	+140=		OR	+280=	
								TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										•	ADDII. I EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-	∐ ↾	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		┛ ┛					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		nber Previously Pa					er fou	nd in the app	ropriate box	x in co	lumn 1.	